



Georgia's Small System Peer Review Program Volunteer Application

Please Print

Name: _____ Title: _____

Representing: _____

Address: _____ ☐ Home ☐ Office

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

I would like to volunteer for: (Please check appropriate box)

Well Water Sources

Water Treatment

Distribution

Finished Water Storage

Pumps / Pump Facilities & Controls

Monitoring, Reporting, & Data Verification

Water System Management & Operations

My skills include: (For example: Operation & Maintenance; Management (Billing, Financing, Rates, Structures); Water Line Repair & Pumps; Safety, Construction/Modifications & Upgrades; Leak Detection; Meter Testing & Repair; Etc.)

Name and title of the person in your utility or company who is authorizing your participation in Georgia's Small System Peer Review Program.

Name

Title

Applicant's Signature

Date

MAIL OR FAX FORM(S) TO:

Georgia Water & Wastewater Institute, 301 Old Hickory Trail North, Carrollton, GA 30117
(770) 214-0153 • FAX: (770) 214-0219

Directory 00